



PUBLIC SAFETY AUDITORS ASSOCIATION (PSAA)

MEMBERSHIP APPLICATION/RENEWAL FORM

TYPE OF MEMBER: New Member Renewal Year

Individual Agency

Name or Agency	<i>Last Name, First Name, Middle Initial</i>		Membership #¹	<i>Individual or Agency #</i>
Rank or Title	Name of Employer			
Mailing Address				
City				
State or Province	Zip/Postal Code	Country		
Personal Phone #	Business Phone #			
Personal E-mail	Business E-mail			

MEMBERSHIP CATEGORY

Individual Membership		Agency Membership ²	
<input type="checkbox"/> FULL	\$95	<input type="checkbox"/> 2 – 4 Members	\$195
<input type="checkbox"/> STUDENT ³	\$40	<input type="checkbox"/> 5 – 8 Members	\$350
<input type="checkbox"/> ACADEMIA ⁴	\$90	<input type="checkbox"/> 9 or More	\$500
<input type="checkbox"/> RETIRED	\$50		

Signature		Date	
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PAYMENT INFORMATION

Dues may be paid by check/money order in United States currency. Please make checks payable to “EPAC, LLC.” NO REFUNDS FOR ANY REASON.

MAIL APPLICATION /RENEWAL TO

Public Safety Auditors Association
880 Hampshire Road, Suite #X
Thousand Oaks, CA 91360

QUESTIONS OR INQUIRES

Please make all questions or inquiries regarding the completion of this form or the Association through the following e-mail address: info@elitepacllc.com.

FOR OFFICE USE ONLY			
Date Membership Granted or Renewed		By Whom	
Date Name Added to Membership List		By Whom	

¹ For renewal only.
² Attach agency members’ names with the application form.
³ Taking at least 8 credits from an accredited institution.
⁴ Associated with an institution of higher learning.